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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995

 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 738680 (8)
 1. Corporation Name
 WINTER PARK LIONS CLUB, INC.

Principal Place of Business Mailing Address
 2020 TAYLOR AVE 2020 TAYLOR AVE
 P.O. BOX 2453 P.O. BOX 2453
 WINTER PARK FL 32790 WINTER PARK FL 32790

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 04/14/1977
 3a. Date of Last Report 07/01/1994
 4. FEI Number 59-6769217
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip Country 29 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
 SWARTZ, WILLIAM
 2020 TAYLOR AVE
 WINTER PARK FL 32792

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS
 TITLE D
 NAME DANIELS, ELMER
 STREET ADDRESS 379 PERTH LANE
 CITY-ST-ZIP WINTER PARK, FL 00000
 TITLE S
 NAME SWARTZ, WILLIAM
 STREET ADDRESS 2020 TAYLOR AVENUE
 CITY-ST-ZIP WINTER PARK FL
 TITLE D
 NAME BABINE, HAROLD
 STREET ADDRESS 443 ELKWOOD LN
 CITY-ST-ZIP ORLANDO FL
 TITLE D
 NAME PAYTON, EDWARD
 STREET ADDRESS 1601 PALM AVENUE
 CITY-ST-ZIP WINTER PARK, FL 00000
 TITLE D
 NAME COVINGTON, CHARLES
 STREET ADDRESS 4878 RED BRICK RUN
 CITY-ST-ZIP SANFORD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Swartz 3/16/95 407-679-0985
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Month/Year)